

## **Participant Information:** (Please Print Clearly)

Name:		
Date of Birth:	Age:	Gender: Male Female
Preferred mailing address: _		
City:	State:	Postal Zip Code:
Email address:		
Church/Organization:		
Preferred mailing address: _		
City:	State:	Postal Zip Code:
Home Church:		City, State
(If yes, we will use email provided.  Emergency Contact Info	,	
Name:		Relationship:
Phone:		Alternate Phone:
Emergency Contact Email:		
Allergies: Yes No		
If yes, please list allergens: _		
Special dietary needs? Yes	No	
If yes, please list needs:		

## Authorization for Treatment/Release

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by Christianville Foundation, Inc., and the physician or hospital staff during the project. I, the undersigned do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, and agents of Christianville Foundation Inc., from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature in-cured by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age) and do certify I have secured primary medical insurance (for myself or my child under 18 years of age). Should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

## Participant Model Release

By signing this document the participant hereby gives Christianville Foundation, Inc., its licensees, successors, legal representatives and assigns the absolute and irrevocable right and permission to use the participant's name and to use, reproduce, edit, exhibit, display, copyright, publish photographic images, or movie pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant maybe included in whole or in part, photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose whatsoever. The participant also consents to the use of any printed matter in conjunction therewith. The participant also waives any right to inspect and/or approve the finished product or products of the editorial, promotional or printed copy or soundtrack that maybe used in connection therewith and any right that the participant may have to control the use to which said product, products, and copy and/or soundtrack maybe applied. The participant discharges and agrees to save harmless Christianville Foundation, Inc., its licensees, successors, legal representatives and assigns from any liability by virtue of any blurring distortion, alterations, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal propriety right that the participant may have in connection with said images and with the use thereof.

## Signatures Required for Validity:

Participants Signature:	Date:	
Name:	Phone:	
Email:		
*Participants under 18 years of age need a sign:	ature from Parent/Guardian	
Parent/Guardian Signature:	Date:	

Please Keep Original For Travel Purposes Scan and email a copy to <u>christianvillehaiti@outlook.com</u>

> or Mail to Christianville Foundation, INC PO Box 1056 Palatka, Fl 32178